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ABSTRACT

Preliminary results from a longitudinal study designed to systematically examine the family life of children reared in a home with an alcoholic father are reported. Analysis is restricted to 15 families from a larger study in which the target child was a 3-year-old male. Parents completed the Beck Depression Inventory, the Progress Evaluation Scales on self-esteem, and the Achenbach Child Behavior Checklist. Children were given the Block & Block delay of gratification task. Results are best viewed heuristically due to the small sample size. Findings indicated no significant relationships between fathers' and mothers' problem drinking or self-esteem. Parents' ratings of children's immaturity and aggression were significantly related. Mothers' depression and low-esteem were related to perceived problems in their child and their children's ability to delay gratification. Fathers' lifetime problem drinking was related to children's aggression, immaturity, and social withdrawal. The data suggest that a model stressing an indirect developmental pathway, whereby the father's depression affects the mother's depression, self-esteem, and, consequently, her child rearing practices, is worthy of further testing. (RH)

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The Relation of Parental Depression and Self Esteem to Behavior Problems in Three-year-old Sons of Alcoholics

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Abstract

In this paper we report preliminary results from the first wave of a longitudinal study designed to systematically examine the family life of children reared in a home with an alcoholic father. Our analysis is restricted to those families from the larger study where the target child is a male three-year-old (n = 15). Parents completed the Beck Depression Inventory, the Progress Evaluation Scales (self-esteem), and the Achenbach Child Behavior Checklist. Children were given the Block & Block delay of gratification task. There were no significant relationships between fathers' and mothers' problem drinking or self-esteem. Mothers' and fathers' depression scores were marginally related. Their ratings of their child's immaturity and aggression were significantly related. Mother's depression and low-esteem were related to perceived problems in her child and to his ability to delay gratification, but father's depression and self-esteem were not. On the other hand, father's lifetime problem drinking was related to his child's aggression, immaturity, and social withdrawal. Overall, the data suggest that a model stressing an indirect developmental pathway whereby father's depression affects mother's depression and self-esteem and consequently her child-rearing practices, is worthy of further testing as the full longitudinal sample becomes available.

Introduction

The view that depression is an affective disorder exclusive to adulthood has been replaced by models which emphasize the developmental origins of psychopathology from an ecological or systems perspective (Kovacs, 1989). Kovacs (1989) estimates that of the 2-5% of school-age children who evidence clinical depression, about 65% will experience depression in adolescence. Such children are characterized by social isolation, ineffective peer relationships, poor self control, low self-esteem, and unrealistic expectations for success. Although rates for depression and suicidal behavior increase from childhood to adolescence, symptoms of depression show remarkable continuity across this age span (Kovacs, 1989). It is surprising, therefore, that investigators continue to resist the extension of etiologic models of depression to infancy and early childhood, despite evidence from classic studies of anaclitic depression (Spitz & Wolf, 1946) and contemporary experimental studies (Field, 1987) which link maternal depression to infant behavior (specifically to depressed mood and poor affect attunement). For example, Field et al. (1989) report "depressed" affective states in 3- to 6-month-old infants of depressed mothers which generalized to infant interactions with nondepressed adults.

Although depression frequently is cited as a correlate of alcoholism, it is substantiated more by clinical evidence than by empirical evidence. In a recent review, Sher (1987) concluded that evidence points to considerable comorbidity between alcoholism and depression. West and Prinz (1987) found that children of alcoholics (as adults) reported higher levels of generalized distress, including low self-esteem and depression, than did controls. Barry (1982) links his category of dependent alcoholism--which emphasizes internalization of anger and self-destructiveness--to depression. Nevertheless, empirically it has been difficult to isolate the causal

relationship between alcoholism and depression. Do alcoholics drink because they are depressed, or do alcoholics become depressed because they drink? Or, does their disposition or life circumstance predispose them toward both depression and alcohol abuse?

Little is known about the role that depression plays in alcoholic families with respect to the etiology of alcoholism. Figure 1 shows four possible developmental pathways in which parental depression may influence child behavior. The current longitudinal study was designed to investigate such models as they may relate to the etiology of alcoholism and alcohol related problems.

Method

Subjects

Alcoholic families are recruited from the population of males convicted for driving while impaired or driving under the influence of alcohol. The specific recruitment population is all males convicted of these offenses, who register blood alcohol concentrations of 0.15% (150mg/100ml) or higher when arrested, who are currently cohabitating or married, living in an intact family, and who have a biological son between the ages of three and six. (The final longitudinal sample will consist of 90 alcoholic families and 90 community comparison families.) Experience with this group shows that virtually all fathers who meet our conditions will meet standard research diagnostic criteria for a diagnosis of either "definite alcohlism" or "probable alcoholism" with over 80% meeting the "definite" level and also meeting dsm-iii-r criteria for alcohol dependence. Although recruitment into the study depends upon father's alcohol related problems, data collection involves all members of the nuclear family unit. The present study examines those families whose son was three years old at the initial data collection visit.

Measures and procedure

Parents independently completed the short form of the Beck Depression Inventory, a widely used phenomenological measure of depressive state. This 13-item self report instrument assesses cognitive, emotional, motivational, and physical manifestations of depression. The Beck Inventory emphasizes the psychological aspects of depression rather than the biological aspects and it is more sensitive to moderate levels of depression than to more profound states. Parents also completed the Progress Evaluation Scales (Ihilevich & Gleser, 1981), one subscale of which yields a measure of self-esteem; and the Child Behavior Checklist (Achenbach, 1978), which yields standardized scores on social competence, two band subscales concerning externalizing and internalizing psychopathology, and eight narrow band subscales (social withdrawal, depressed, immature, somatic complaints, sex problems, schizoid, aggressive, and delinquent).

The primary drinking variable used in the current study is a composite measure designed to assess differences in the extent of drinking problems over the respondent's life course. The specific measure, the Lifetime Alcohol Problems Score (LAPS), is a multiple index composed of three weighted sets of information about alcohol involvement, including data on onset, breadth of problems, and extent of presence over the life course (Zucker et al., 1988). (The sets are derived from information gained from the administration of the Drinking and Drug History and the Diagnostic Interview Schedule.)

Children are given the delay of gratification task (Block & Block, 1980), to evaluate the child's ability to delay gratification. Subsequent to the child's intellectual assessment, the child is thanked for his participation and told that he can have a present. As the present is being shown, the examiner apologizes and says there is one more task that must be completed. The toy is

set aside, but placed in view and reach of the child. The child is shown a complex block design task (design #11, WISC-R) and is told that the task must be completed before he can have the present. The task involves a maximum 5 1/2 minute delay period (four minutes of task time and 90 seconds of posttask delay). Child verbal comments, looks, touches, and reaches, in relation to the toy, are recorded. The session is ended prior to the maximum time period if the child takes the gift. The score is the number of seconds the child waits before opening the present; timed from the beginning of the task assignment.

Results

Correlational analyses were conducted between depression, self-esteem, drinking problems, and perceived problems with the target child, for both parents. There were no significant correlations between laps or self-esteem for mothers and fathers. Mother's depression was marginally related to father's depression [$r(14) = .40$, $p < .08$]. Parents agreed on their ratings of their child's immaturity [$r(13) = .47$, $p < .05$] and aggressiveness [$r(13) = .46$, $p < .05$]. On the other hand, they did not agree on ratings of the child's social withdrawal, delinquency, total problems, or depression.

Separate correlational analyses for mothers and fathers were then conducted relating parental depression, self-esteem, and laps, to delay of gratification and perceived problems of the target child. Father's depression was not related to child behavior problems or ability to delay gratification. Mother's depression was related to the problems she perceived with her child [total problems: $r(13) = .62$, $p < .05$; Immaturity: $r(13) = .45$, $p < .05$; and aggression: $r(13) = .55$, $p < .05$] and was marginally related to inability to delay gratification [$r(14) = .39$, $p < .08$].

Father's self esteem was not related to perceived problems. Conversely,

mother's self-esteem was related to perceived problems [total problems: $r(12) = -.51$, $p < .05$); Aggression: $r(12) = -.45$, $p < .07$] and delay of gratification [$r(13) = -.54$, $p < .05$].

Finally, father's laps was related to his rating of his child's aggression [$r(13) = .53$, $p < .05$], Social withdrawal [$r(13) = .50$, $p < .05$], and marginally related to immaturity [$r(13) = .41$, $p < .08$]. Mother's laps was related marginally only to social withdrawal [$r(13) = -.39$, $p < .09$].

Discussion

Due to the small sample size, it is best to view these data heuristically; that is, as suggestive of hypotheses to examine in the future as more of the longitudinal data become available. In this context, it is interesting to note that father's depression and self-esteem were unrelated to their perceptions of behavior problems in their sons, or to their sons' impulse control during the delay of gratification task. Interestingly enough, Davies et al's (1989) analysis of data from 3- to 6-year-olds in the current study found that fathers with high self-reported depression (Beck) reported high levels of child-centeredness on a measure of parenting behavior. However, fathers' problem drinking, as measured by the LAPS, was related to their perceptions of greater child aggression and greater social withdrawal. It is conceivable that such behaviors are specific to instances where fathers are in fact drinking and may reflect coping strategies on the part of the child. For example, when clinicians rate paternal depression, high levels of worst ever depression are significantly related to "harsh conscience development," which is likely to prompt coercive behavior and social withdrawal in children (Davies et al., 1989).

In contrast, mothers' depression and self-esteem were correlated with

their perceptions of behavior problems in their sons, especially with immaturity and aggression. Moreover, high maternal depression and low self-esteem were related to their sons' poor self control in the delay of gratification task. Although these results superficially suggest a direct pathway from mother-to-child with respect to the effect of parental depression on child behavior, the trend toward a significant relationship between maternal depression and paternal depression suggests another possibility, namely an indirect pathway, whereby father's depression influences mother's depression and self-esteem, which then affects her relationship with her son. This possibility receives indirect support from the Davies et al (1989) study in which clinicians assessed parental depression. Davies et al (1989) hypothesize that paternal depression may contribute to an enmeshed mother-child relationship because of a failure in intimacy or closeness in the husband-wife relationship. Thus, the mother may project onto her son a role which her husband does not or cannot fulfill. The current report does not permit a direct test of this hypothesized developmental pathway, but it illustrates the type of causal model that eventually will be tested against the full longitudinal data set.

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